

| CLAIMS ONLY  |      |                        |      |                        |      |              |             |      |      |
|--------------|------|------------------------|------|------------------------|------|--------------|-------------|------|------|
|              |      |                        |      |                        |      | SERIAL NO.   | FILING DATE |      |      |
|              |      |                        |      |                        |      | APPLICANT'S: |             |      |      |
| CLAIMS       |      |                        |      |                        |      |              |             |      |      |
| AS FILED     |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      | *            | *           | *    |      |
| IND.         | DEP. | IND.                   | DEP. | IND.                   | DEP. | IND.         | DEP.        | IND. | DEP. |
|              |      |                        |      |                        |      |              |             |      |      |
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| 11           | /    |                        |      |                        |      |              |             |      |      |
| 12           | /    |                        |      |                        |      |              |             |      |      |
| 13           | 13   |                        |      |                        |      |              |             |      |      |
| 14           | /    |                        |      |                        |      |              |             |      |      |
| 15           | /    |                        |      |                        |      |              |             |      |      |
| 16           | /    |                        |      |                        |      |              |             |      |      |
| 17           | /    |                        |      |                        |      |              |             |      |      |
| 18           | /    |                        |      |                        |      |              |             |      |      |
| 19           | /    |                        |      |                        |      |              |             |      |      |
| 20           | /    |                        |      |                        |      |              |             |      |      |
| 21           | /    |                        |      |                        |      |              |             |      |      |
| 22           | /    |                        |      |                        |      |              |             |      |      |
| 23           | /    |                        |      |                        |      |              |             |      |      |
| 24           | /    |                        |      |                        |      |              |             |      |      |
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| 50           |      |                        |      |                        |      |              |             |      |      |
| TOTAL IND.   | /    |                        |      |                        |      |              |             |      |      |
| TOTAL DEP.   | 28   |                        |      |                        |      |              |             |      |      |
| TOTAL CLAIMS | 29   |                        |      |                        |      |              |             |      |      |

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\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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